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Application Number	10/772,964
Filing Date	February 4, 2004
First Named Inventor	Claudia Mattern
Title	Controlled Release Delivery System for Nasal Applications
Art Unit	1615
Examiner Name	Aradhana Sasan
Attorney Docket Number	540608-204

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

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<input type="checkbox"/> Firm or Individual name	Frommer Lawrence & Haug LLP
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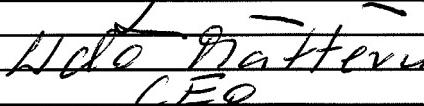
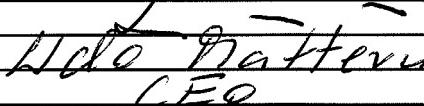
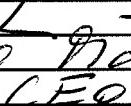
Applicant/Inventor.

**OR**

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on \_\_\_\_.

**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	9.12.08
Name		Telephone	0011416183030
Title and Company			

**NOTE:** Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of \_\_\_\_\_ forms are submitted.

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